



## MEMORANDUM

To: Prescribers/Physicians  
Pharmacy Providers

From: Chukwuemeka Okoronkwo, Chief, Pharmacy Services

Subject: 2020-2021 RSV Season Clinical and Service Prior-Authorizations

Date: October 1, 2020

This memorandum is to update providers of the Maryland Medicaid Office of Pharmacy Services (OPS) on the coverage of Synagis® in high-risk infants for passive immunoprophylaxis against Respiratory Syncytial Virus (RSV) known as a lower respiratory tract infection.

For the 2020-2021 RSV Season, OPS will utilize the July 2014 American Academy of Pediatrics (AAP) guidelines for the determination of RSV immunoprophylaxis approval.

The Prescriber shall fax the following forms and documents to OPS at (866) 440-9345 to expedite the prior-authorization process: **(incomplete forms will be returned)**

1. The OPS [Prescriber's Statement of Medical Necessity \(SMN\) form](#);
2. The OPS [Synagis Service Prior-Authorization form](#); and
3. The patient's hospital discharge summary, which includes information about the gestational age, medical diagnosis, drug history and prior Synagis administrations given in the hospital before discharge.

The submitted information will be reviewed by the OPS clinical pharmacist and the decision will be communicated to the prescriber and pharmacy if provided.

When Synagis is approved by Maryland OPS:

**The Prescriber shall:**

1. Contact the pharmacy for the ordering/delivery of Synagis to the office; and
2. Each month, complete the [Synagis Service Prior-Authorization Form](#) and fax it to 1-866-440-9345.

**The Pharmacy Provider shall:**

1. Submit the Synagis claim electronically to the OPS Point-of-Sale (POS) claims processor to obtain a system denial; and
2. Call 1-800-932-3918 to obtain the necessary POS edit overrides for on-line claim adjudication.

**Starting October 20, 2020, the Program will begin accepting and reviewing requests for prior-authorization of Synagis. Synagis may be billed after October 29, 2020 and the first Synagis dose should not be administered to patients before November 1, 2020.**

Once the participant is approved, the drug will be covered for the number of doses needed for the RSV season as per AAP guidelines. Should the prescriber feel that an infant who has been denied Synagis has extenuating co-morbidity and severe risks for complications due to RSV, a recommendation letter by the child's pulmonologist or cardiologist should be faxed to the OPS for reconsideration on a case-by-case basis.

Pharmacy providers are responsible to verify the participant's eligibility each month by calling the Eligibility Verification Automated System (EVS) at 1-866-710-1447 (24 hours/7 days) before submitting their requests for a refill. Requests for prior-authorization for participants who are enrolled in a Managed Care Organization (MCO) should be directed to the respective MCO. Below is a list of telephone numbers for the MCO's prior-authorizations:

**TOLL-FREE PHONE NUMBERS FOR MANAGED CARE ORGANIZATIONS**

<b>Managed Care Organization/Customer Service</b>	<b>Pharmacy Benefit Managers' Phone Number</b>
Aetna	1-833-237-9228 (Pharmacy) 1-800-454-3730 (Physician)
AMERIGROUP Community Care/Anthem	1-800-454-3730
Jai Medical Systems	1-800-213-5640
Maryland Physicians Care	1-800-953-8854
Medstar Family Choice	1-800-905-1722
Priority Partners	1-888-819-1043
United Healthcare	1-800-310-6826
University of Maryland Health Partners	1-877-418-4133
Kaiser Permanente	1-855-249-5019

Any additional questions concerning prior-authorizations of Synagis may be directed to the Clinical Pharmacist at 1-800-932-3918 or visit our website:

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>